



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

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Director

## INFORMATIONAL LETTER NO.1630

**DATE:** March 17, 2016

**TO:** Iowa Medicaid Psychiatric Medical Institutions for Children (PMIC) Providers and Managed Care Organizations (MCOs)

**FROM:** The Iowa Department of Human Services, Iowa Medicaid Enterprise

**RE:** Annual Restraint and Seclusion Attestation Letters and Incident Reporting

This letter is to remind all PMIC providers of the requirement to adhere to federal regulations regarding the use of restraint and seclusion. The Code of Federal Regulations at 42 CFR 483.350 through 483.376 establishes standards for the use of restraint and seclusion in psychiatric residential treatment facilities (PRTFs) providing inpatient psychiatric services to individuals under age 21. These rules apply to all PMIC providers enrolled with Iowa Medicaid and compliance with these [standards for the use of restraints and seclusion in PRTFs<sup>1</sup>](#) regulations is a condition of participation in the Iowa Medicaid program. Please review these regulations closely.

Iowa Medicaid policy requires that PMIC providers submit an annual written attestation statement to attest that each facility is in compliance with these standards. The attestation statement must be signed by the facility director. When a new director is appointed, a new written attestation statement must be sent to the state Medicaid agency. Please provide your annual attestation statement by May 31, 2016. This should be sent to:

LeAnn Moskowitz  
PMIC Program Manager  
Iowa Medicaid Enterprise  
100 Army Post Road  
Des Moines, IA 50315

### Incident Reporting:

Additionally, the reporting requirements in this section of the federal regulations require facilities to report **all** serious occurrences such as a resident's death or serious injury to the state Medicaid agency, and the state's designated protection and advocacy agency.

**Serious injury** means any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

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<sup>1</sup> <http://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/content-detail.html>

To fulfill the reporting requirement, such incident reports should be sent to the PMIC Program Manager at the IME at the above address, as well as to:

Disability Rights Iowa (DRI)  
950 Office Park Road, Suite 221  
West Des Moines, IA 50265

In the event of the death of a resident, in addition to reporting the death to the IME and DRI, facilities **must** report the death to the regional office of the Centers for Medicare and Medicaid Services (CMS) in addition to the state Medicaid agency, and the state's designated protection and advocacy agency. This report should be sent to:

CMS – Region 7  
Division of Medicaid and Children's Health  
Richard Bolling Federal Building, Room 235  
601 East 12th Street  
Kansas City, MO 64106

All of the above reports must also be documented in the resident's file and in the incident and accident report logs maintained by the facility. The Iowa Department of Inspections and Appeals, which licenses PMIC facilities under Iowa Code chapter 135H, is responsible for ascertaining further compliance with this requirement. The Department of Inspections and Appeals may be contacted at:

Iowa Department of Inspections and Appeals  
Health Facilities Division  
321 East 12th Street  
Des Moines, IA 50319

Please direct questions to LeAnn Moskowitz, PMIC Program Manager at:  
[lmoskow@dhs.state.ia.us](mailto:lmoskow@dhs.state.ia.us) or (515) 256-4653.